

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Message & Media			Date of Public Distribution/Dissemination 08 / 20 / 2014		
Mailing Address 100 Albany St			Amount 6030.00		
City New Brunswick	State NJ	Zip Code 08901-2179	Transaction ID : VN7GB9TZJ68 Date of Disbursement or Obligation M M / D D / Y Y Y Y		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type 			
Name of Federal Candidate Terri Lynn Land		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		3151986.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination 08 / 20 / 2014		
Mailing Address 3050 K St NW Ste 100			Amount 250390.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9TZEJ4 Date of Disbursement or Obligation M M / D D / Y Y Y Y		
Purpose of Expenditure Media Buy		Category/ Type 			
Name of Federal Candidate Terri Lynn Land		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		3151986.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			256420.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Rebecca Lambe</i>		[Electronically Filed]		Date 08 / 22 / 2014	